

# APPLICATION CRIME WATCH PATROL

NAME OF CRIME WATCH PATROL: \_\_\_\_\_

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_  
(Last, First, MI)

DATE OF BIRTH: \_\_\_\_\_ TEXAS DRIVERS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: (for CWP use ONLY) \_\_\_\_\_

T-SHIRT SIZE: M L XL 2XL 3XL WINDBREAKER SIZE: M L XL 2XL 3XL

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**REFERENCES:** *(required and must not be family members)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I UNDERSTAND AND GIVE MY FULL CONSENT TO THE RICHARDSON  
POLICE DEPARTMENT TO CONDUCT A CRIMINAL HISTORY CHECK.  
I FURTHER UNDERSTAND THAT MY CHARACTER REFERENCES MAY  
ALSO BE CHECKED. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL  
AND IS NOT RELEASABLE TO THE PUBLIC.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this completed application to:  
Richardson Police Department Crime Prevention Unit  
ATTN: Crime Watch Patrol  
Post Office Box 831078  
Richardson, TX 75083-1078

OFFICER ID# \_\_\_\_\_ APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Comments: \_\_\_\_\_